

MELISSA WILK, Alameda County Clerk-Recorder

1106 Madison Street, Oakland, CA 94607

Telephone: (510) 272-6362

Website: www.acgov.org**EXHIBIT**

Briones 1.26.2022

M2**FICTIONAL BUSINESS NAME STATEMENT**

Pursuant to Business and Professions Code Sections 17900-17930

PLEASE NOTE:**YOU WILL BE REQUIRED TO PRESENT A VALID GOVERNMENT ISSUED PHOTO ID TO FILE THIS STATEMENT IN PERSON.****TYPE OR PRINT LEGIBLY AND FIRMLY IN BLACK OR DARK BLUE INK ONLY**

FILE NUMBER: _____

PLEASE READ INSTRUCTIONS ON BACK OF THIS FORM

(Do not write above this line)

A. * Print Fictitious Business Name (please number if more than one business name)**Be Confident Be You Coaching LLC****B. ** Street address of principal place of business**

34904 Herringbone Ct

Mailing Address, if different

City _____ State _____ Zip _____

Union City, CA 94587 County _____ Alameda

City _____ State _____ Zip _____

C. *REGISTERED OWNER(S):** (If more than four owners, attach The Additional Information Form showing owner's information)**1. Registrant/Corp/LLC****Lisamaria Martinez**

Residence Address (P.O. Box not accepted)

34904 Herringbone Ct

2. Registrant/Corp/LLC

Residence Address (P.O. Box not accepted)

City _____ State _____ Zip _____

If Corporation or LLC – Print State of Incorporation/Organization**3. Registrant/Corp/LLC**

Residence Address (P.O. Box not accepted)

4. Registrant/Corp/LLC

Residence Address (P.O. Box not accepted)

City _____ State _____ Zip _____

If Corporation or LLC – Print State of Incorporation/Organization**D. ****THIS BUSINESS IS CONDUCTED BY:** (Check one)

<input checked="" type="checkbox"/> an Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> State or local registered Domestic Partners	<input type="checkbox"/> Co-partners
<input type="checkbox"/> a Joint Venture	<input type="checkbox"/> a General Partnership	<input type="checkbox"/> a Limited Liability Partnership	<input type="checkbox"/> a Trust
<input type="checkbox"/> a Corporation	<input type="checkbox"/> a Limited Partnership	<input type="checkbox"/> a Limited Liability Company	<input type="checkbox"/> an Unincorporated association other than a partnership

E. **Insert the date the registrant first commenced to transact business under the fictitious business name or names listed above.** 3/20/2019
(Insert N/A if you haven't started to transact business)

I declare that all information in this statement is true and correct.

A registrant who declares as true any material matter pursuant to this section that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (1,000).

F. ***Registrant** Lisamaria Martinez**Title** Founder

(Print name)

(Corporation, print name and title of officer. If LLC, print name and title of officer or manager.)

Registrant Signature L. Martinez

(See instructions for authorized signatories/titles)

This statement was filed with the Clerk-Recorder of Alameda County on the date indicated by the filing stamp in the upper right hand corner.

NOTICE: In accordance with subdivision (a) of Section 17920, a fictitious name statement generally expires at the end of five years from the date on which it was filed in the office of the county clerk, except, as provided in subdivision (b) of section 17920, where it expires 40 days after any change in the facts set forth in the statement pursuant to section 17913 other than a change in the residence address of a registered owner. A new fictitious business name statement must be filed before the expiration. The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (see Section 14411 et seq., Business and Professions Code).